

N/A/800 707		Invoice Preparation Charge	Billing	Check Bill
Insurance Policy Number		1) AR: Accident Reporting (\$30)		
Driver/Owner		2) DA: Damage Assessment (\$100)	INC (\$30)	
Policy No:		3) TP: Towing Fee	\$40/313	
Damaged Portion:		4) FT: Follow-Through Survey	\$110	
		5) FT: Follow-Through Survey (Recovery)	\$10	
		For claim against INC Only (w/ 10 Jan 2000)		
		6) TR: Reproduction	\$13	
		7) NT: (w/ DA + SMRT Survey)	\$140	
		8) NTUC Additional Services		
		9) NT: Courtesy Car / Tpl Allowance	\$1	
		10) NT: Repairs Coordination	\$10	
		11) NT: Post-Turn Inspection	\$13	
		12) NT: DY / Collision Unsub Coordination	\$1	
		13) NT: (w/ TP) (w/ INC) against INC	\$30	
		14) NT: (w/ Inc) (w/ Inc)	\$8	
		Invoice dated	Paid Charged	
		Invoice dated	Not Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	01/02/2018 11:29
Date Of Accident	31/01/2018 11:50
Exact Location Of Accident	IKEA (ALEXANDRA) CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE9391S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE YEOW CHONG
NRIC No	S7126811Z
Email Address	YEOWCHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97913363
Alternative Phone No	OTHERS-96833804

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5028660054-09
Cover Note Number	

### Driver

Name of Driver	YONG TAN FONG(YANG DANFENG)
NRIC No	S7331543C
Date Of Birth	01/09/1973
Occupation	INDOOR
Date Of Driving Pass	08/05/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96833804
Fax Number	
Contact Number	
EMail Address	YEOWCHONG@GMAIL.COM



Address	BLK 121A RIVERVALE DRIVE #10-438
Postcode	541121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : CLEMENT CHUA GENDER: : MALE
Passenger 2	NAME: : LIANG MUI CHENG GENDER: : FEMALE
Passenger 3	NAME: : WONG YUK PENG GENDER: : FEMALE
Passenger 4	NAME: : CHONG PEY ROU GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE4123J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	RANGEETA D/O RAMASAMY
NRIC/Passport Number	S8340740I
Contact Number	84446750
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 1/2/2018  
1135am

Driver's Signature

(If driver is not the policyholder)  
Date & Time: 1-2-2018  
1135am

Reporting Centre Personnel's Signature

Name: Kardi WATAB  
NRIC/FIN No.:

# SKETCH PLAN

IKEA

IKEA  
Carpark

A) SJE 93918

B) SLE 4123J

Alexandra Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into IKEA (Alexandra) carpark entrance on 31 Jan 2018 at 11:50am. AS I was negotiating the left bend, a vehicle SLE 4123J was turning out from the opposite direction. The ~~front~~ left passenger door of SLE 4123J scratched against the front right corner of my car bumper.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 1/2/2018  
11:40am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1-2-2018  
11:40am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

1/2/2018  
Rendi WATJAB



## Claim Handling

Accident MT/0980451

Policy No.	5028660054-09	Vehicle No.	SJE93915	GST Registration No.	
Policyholder Name	LEE YEOW CHONG	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	97913363	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	01/02/2018 12:01	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	31/01/2018	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SKEA (ALEXANDRA) CARPARK ENTRANCE				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 121A #10-43B	Address 2	RIVERVALE DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5028660054-09		

**DI Driver Info**

Driver Name	VONG TAN PONG	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	573315A3C	Driving Experience	
Register Date of Driver License	01/01/2005	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	96833804	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		Driver Vehicle No.	SJE93915	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LEE YEOW CHONG	Insured NRIC	
Contact No.(Mobile)	97913363	Contact No.(Home)		Contact No.(Office)	
Email Address	YEOWCHONG@GMAIL.COM	DI Vehicle Number	SJE93915	TP Vehicle Number	
Claim Description	SJE93915 / SLE41231 ON 31 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	01/02/2018 12:05	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

**Save** **Submit**

## Attachment

Accident No.	MT/0980451	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2018 12:06
Path *	Category * <input type="radio"/> Confidential <input checked="" type="radio"/> Normal		
Browse... Clear Please Select			

# ACCIDENT STATEMENT

ACCIDENT DATE: 31/01/2018 (DD/MM/YYYY), TIME: 11:50 (HH:MM)

LOCATION: IKEA (Alexandra) Carpark Entrance

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE9391S  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: # 5028660054-09  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA STREAM  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Lee Jee Chong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7126112 CONTACT: 97913363  
 c) ADDRESS: 121A Rivervale Dr #10-438  
S541121

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: YONG TAN FONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7331543C CONTACT: 96833804  
 c) ADDRESS: BLK 121A Rivervale Drive #10-438  
S541121

\* d) DATE OF BIRTH: 01/09/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08 MAY 1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLE4123J MODEL: HONDA VEZEL  
 b) DRIVER'S NAME: RANGEETA D/O RAMASAMY  
 c) NRIC/FIN/PASSPORT: S8346740I CONTACT: 84446750

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(5)

Clement Chua (M)  
Liang Mui Cheng (F)  
Wong Yuk Peng (F)  
Chong Pey Rou (F)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email = yeowchong@gmail.com

fax =

✓ 1060



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7331543C



Name

YONG TAN FONG  
(YANG DANFENG)

杨丹凤

Race  
CHINESE

Date of birth 01-09-1973 Sex F

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7331543C

Name  
YONG TAN FONG  
(YANG DANFENG)

Birth Date 01 Sep 1973

Valid Date 17 Feb 2004



3401148



NRIC No. S7331543C



Date of issue  
22-09-2003

Address

APT BLK 121A RIVERVALE DRIVE  
#10-438  
SINGAPORE 541121

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

00 May 1997



NP 426A

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5028660054-09	LEE YEDW CHONG	S7126811Z	GPC	drive CLASSIC	SJ893915	SJ893915	13/05/2017	12/05/2018

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAY18015761 Vehicle Registration No: STK 9391S

Name (as shown in NRIC): YONG TAN FONG NRIC/FIN/Passport No: 57331543C

☒ Vehicle Driver ☐ Vehicle Owner (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 96833804

Email Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: 11:50

Place of Accident: 31/01/2018

Insurance Company: IKFA (ALEXANDRA) CARPARK ENTRANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT SHOULD BE 31/01/2018

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafly Wong  
NRIC/FIN No.:  
Date: 01/02/2018